

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

CATEGORICALLY NEEDY

September 1, 1999

2.a. Outpatient Hospital Services (Continued)

Augmentative Communication Device (ACD) Evaluation

Effective for dates of service on or after September 1, 1999, Augmentative Communication Device (ACD) evaluation is covered for eligible Medicaid recipients of all ages. One ACD evaluation may be performed every three years based on medical necessity. The benefit limit may be extended for individuals under age 21.

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>6-28-99</u>	
DATE APPL'D	<u>7-17-99</u>	
DATE EFF	<u>9-1-99</u>	
HCFA 179	<u>99-10</u>	

ENCLOSURE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

December 1, 1999

CATEGORICALLY NEEDY

2.b. Rural Health Clinic Services

Rural health clinic services are limited to twelve (12) visits a year for recipients age 21 and older. This yearly limit is based on the State Fiscal Year (July 1 through June 30). The benefit limit will be considered in conjunction with the benefit limit established for physicians' services, medical services furnished by a dentist, office medical services furnished by an optometrist and **certified nurse midwife services**. Recipients will be allowed twelve (12) visits per State Fiscal Year for rural health clinic services, physicians' services, medical services furnished by a dentist, office medical services furnished by an optometrist, **certified nurse midwife services** or a combination of the **five**. For physicians' services, medical services provided by a dentist, office medical services furnished by an optometrist, **certified nurse midwife services** or rural health clinic core services beyond the 12 visit limit, extensions will be provided if medically necessary. Recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited.

Rural Health Clinic core services are defined as follows:

- (1) Physicians' services, including required physician supervisory services of nurse practitioners and physician assistants;
- (2) Services and supplies furnished as an incident to a physician's professional services;

Services and supplies "incident to" the professional services of physicians, physician assistants and/or nurse practitioners are those which are commonly furnished in connection with these professional services, are generally furnished in the physician's office and are ordinarily rendered without charge or included in the clinic's bills; e.g., laboratory services, ordinary medications and other services and supplies used in patient primary care services.

STATE <u>Arkansas</u>	A
DATE REC'D <u>10-28-99</u>	
DATE APP'D <u>10-29-99</u>	
DATE BY <u>12-1-99</u>	
HCFA 177 <u>98-20</u>	

SUPERSEDES: TN - 98-09

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SERVICES PROVIDED

Revised: July 1, 1995

CATEGORICALLY NEEDY

2.b. Rural Health Clinic Services (Continued)

- (3) Services of physician assistants, nurse practitioners, nurse midwives and specialized nurse practitioners;
- (4) Services and supplies furnished as an incident to a nurse practitioner's or physician assistant's services and
- (5) Visiting nurse services on a part-time or intermittent basis to home-bound patients (limited to areas in which there is a shortage of home health agencies).

Rural health clinic ambulatory services are defined as any other ambulatory service included in the Medicaid State Plan if the Rural Health Clinic offers such a service (e.g. dental, visual, etc.). The "other ambulatory services" that are provided by the Rural Health Clinic will count against the limit established in the plan for that service.

2.c. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the plan and furnished by a FQHC in accordance with Section 4231 of the State Medicaid Manual (HCFA - Pub. 45-4).

Effective for claims with dates of service on or after July 1, 1995, federally qualified health center (FQHC) services are limited to twelve (12) encounters per recipient, per State Fiscal Year (July 1 through June 30) for recipients age 21 and older. For federally qualified health center core services beyond the 12 visit limit, extensions will be provided if medically necessary. Recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited.

FQHC hospital visits are limited to one day of care for inpatient hospital covered days regardless of the number of hospital visits rendered. The hospital visits do not count against the FQHC encounter benefit limit.

STATE	Arkansas
DATE REC'D	05-30-95
DATE APP'D	04-07-95
DATE EFF	07-01-95
HCFA 179	95-06

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SUPERSEDES: TN

91-601

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
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Revised: January 1, 1994

- 2.c. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the plan and furnished by a FQHC in accordance with Section 4231 of the State Medicaid Manual (HCFA - Pub. 45-4). (Continued)

Covered FQHC core services are defined as follows:

- ***physician services;***
- ***services and supplies incident to physician's services (including drugs and biologicals that cannot be self-administered);***
- ***pneumococcal vaccine and its administration and influenza vaccine and its administration;***
- ***physician assistant services;***
- ***nurse practitioner services;***
- ***clinical psychologist services;***
- ***clinical social worker services;***
- ***services and supplies incident to clinical psychologist and clinical social worker services as would otherwise be covered if furnished by or incident to physician services; and***
- ***part-time or intermittent nursing care and related medical supplies to a homebound individual, in the case of those FQHCs that are located in an area in which the Secretary has determined there is a shortage of home health agencies.***

FQHC ambulatory services are defined as any other ambulatory service included in the Medicaid State Plan if the FQHC offers such a service, (e.g. dental, etc.). The "other ambulatory services" that are provided by the FQHC will count against the limit established in the plan for that service.

STATE <u>Arkansas</u>	A
DATE REC'D <u>12-21-93</u>	
DATE APP'VD <u>1-13-94</u>	
DATE EFF <u>1-1-94</u>	
HCFA ID# <u>93-35</u>	

Supersedes: TN 91-61

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AMOUNT, DURATION AND SCOPE OF
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Revised: June 1, 1998

CATEGORICALLY NEEDY

3. Other Laboratory and X-Ray Services

- (1) Other laboratory and X-ray services when ordered and provided ~~for~~ or under the direction of a physician or other licensed practitioner of the healing arts within the scope of his/her practice as defined by State law in the practitioner's office or outpatient hospital setting or by a certified independent laboratory which meets the requirements for participation in Title XVIII. For services above \$500.00 per State Fiscal Year for recipients age 21 and older, an extension will be provided if medically necessary. The following diagnoses ~~are~~ considered to be categorically medically necessary and do not require prior authorization for medical necessity: Malignant neoplasm (code range 140.0 through 208.91); HIV infection (code range 042.0 through 044.9) and renal failure (code range 584.5 through 586). All other diagnoses are ~~subject to~~ prior authorization before benefits can be extended.

The extension procedures do not apply for services provided to recipients under age 21 in the Child Health Services (EPSDT) Program.

- (2) Magnetic Resonance Imaging (MRI) and Cardiac Catheterization procedures are exempt from the extension procedures.
- (3) Portable X-Ray Services

Services are limited to the following:

- skeletal films involving arms and legs, pelvis, vertebral column and skull;
- chest films which do not involve the use of contrast media; and
- abdominal films which do not involve the use of contrast media.

Services may be provided to an eligible recipient in his/her place of residence upon the written order of the recipient's physician.

Portable X-ray services are included in the extension procedures.

- (4) Chiropractor X-Ray Services

- X-ray is limited to **two (2)** per State Fiscal Year (July 1 through June 30).

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STATE	DATE REC'D	DATE APP'D	DATE EFF.
Arkansas	May 24, 1998	August 21, 1998	June 1, 1998
			98-10
HCFA 179			

SUPERSEDED BY 96-06

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AMOUNT, DURATION AND SCOPE OF
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Revised: October 1, 1990

CATEGORICALLY NEEDY

4.a. Nursing Facility Services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

A Registered Nurse and a Physician Reviewer assess medical needs and make medical eligibility determinations and patient level of care classifications for applicants referred by a physician for nursing home care.

Nursing facility services include coverage of prescription medications within the State's formulary without limitations.

STATE <u>Arkansas</u>	A
DATE REC'D <u>DEC 19 1990</u>	
DATE APP'D <u>APR 19 1991</u>	
DATE EFF <u>OCT - 1 1990</u>	
HICFA 179 <u>90-61</u>	

Supersedes: 89-46

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Revised: September 1, 1999

CATEGORICALLY NEEDY

4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.

- (1) No limitation on services within the scope of the program (except for consultations, home health services and personal care services) if services are EPSDT related. Extension of the benefit limit for consultations (2 per State Fiscal Year), home health services (50 visits per State Fiscal Year), personal care services (64 hours per calendar month), personal care transportation (50 units per date of service per recipient), physical therapy evaluations (1 per State Fiscal Year), occupational therapy evaluations (1 per State Fiscal Year), speech therapy evaluations (4 units per State Fiscal Year), and chiropractor X-ray services (2 per State Fiscal Year) will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.

In accordance with the current recommendations of the American Academy of Pediatrics, effective for claims with dates of service on or after September 1, 1999, the following schedule will apply for Child Health Services (EPSDT) medical screens. Childhood immunizations are a component of a Child Health Services (EPSDT) medical screen.

From birth through eleven (11) months of age, children may receive six (6) periodic screens in addition to the newborn screen performed in the hospital.

Children age twelve (12) months through twenty-three (23) months may receive three (3) periodic screens.

When a child has attained age two (2), the following schedule will apply. There must be at least 365 days between each screen listed below for children age 24 months through 20 years.

Age

24 months
3 years
4 years
5 years
6 years
8 years
10 years
11 years
12 years
13 years
14 years
15 years
16 years
17 years
18 years
19 years
20 years

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DATE REC'D	<u>6-28-99</u>
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HCFA 179	<u>99-17</u>

SUPERSEDES: TN - 98-24

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AMOUNT, DURATION AND SCOPE OF
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Revised: June 1, 1998

CATEGORICALLY NEEDY

- 4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

HEARING

Age

Newborn to 5 years
5 to 6 years
6 to 7 years
7 to 8 years
8 to 12 years
12 to 16 years
16 to 18 years
18 to 21 years

Periodicity Schedule

One hearing screen
One hearing screen
One hearing screen
One hearing screen
One hearing screen
One hearing screen
One hearing screen
One hearing screen

VISION

Age

Newborn to 5 years
5 to 6 years
6 to 10 years
10 to 12 years
12 to 16 years
16 to 18 years
18 to 21 years

Periodicity Schedule

One vision screen
One vision screen
One vision screen
One vision screen
One vision screen
One vision screen
One vision screen

DENTAL

Age

Newborn to 12 months
12 to 24 months
2 to 3 years
3 to 4 years
4 to 5 years
5 to 6 years
6 to 7 years
7 to 8 years
8 to 9 years
9 to 10 years
10 to 11 years
11 to 12 years
12 to 13 years
13 to 14 years
14 to 15 years
15 to 16 years
16 to 17 years
17 to 18 years
18 to 19 years
19 to 20 years
20 to 21 years

Periodicity Schedule

One Dental Screen per State Fiscal Year
One Dental Screen per State Fiscal Year
One Dental Screen per State Fiscal Year
One Dental Screen per State Fiscal Year
One Dental Screen per State Fiscal Year
One Dental Screen per State Fiscal Year
One Dental Screen per State Fiscal Year
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Arkansas	
STATE	A
DATE REC'D	May 20, 1998
DATE APPL'D	July 24, 1998
DATE EFF.	June 1, 1998
HCFA 179	98-07

90-33
SUPERSEDES: TN.

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AMOUNT, DURATION AND SCOPE OF
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April 1, 1990

- 4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

The State will provide other health care described in Section 1905(a) of the Social Security Act that is found to be medically necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, even when such health care is not otherwise covered under the State Plan.

STATE <u>AR</u>	A
DATE REC'D <u>6-29-90</u>	
DATE APPV'D <u>7-27-90</u>	
DATE EFF <u>4-1-90</u>	
HCFA 179 <u>90-33</u>	

Supersedes: None - New Page

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AMOUNT, DURATION AND SCOPE OF
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Revised: March 1, 2000

CATEGORICALLY NEEDY

4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(2) Apnea (Cardiorespiratory) Monitors

Apnea (cardiorespiratory) monitors are provided for eligible recipients in the Child Health Services (EPSDT) Program. Use of the apnea monitors must be medically necessary and prescribed by a physician. Prior authorization is not required for the initial one month period. If the apnea monitor is needed longer than the initial month, prior authorization is required.

(3) Child Health Management Services (CHMS)

CHMS services provide full medical multi-discipline diagnosis and evaluation for the purpose of early intervention and prevention for eligible recipients in the Child Health Services (EPSDT) Program. Services are provided in multi-disciplinary clinic settings and pediatric day program/intervention settings. Services are limited to the following components:

- audiology assessment
- behavior counseling and therapy
- intervention/treatment
- medical evaluation
- neuropsychology testing
- nutrition assessment
- occupational therapy/physical therapy
- psychiatric evaluation
- psychological
- social/emotional assessment
- speech and language pathology
- counseling and therapy

Effective for dates of service on or after September 1, 1999, CHMS diagnostic/ evaluation procedure codes are limited to two (2) per State Fiscal Year (July 1 through June 30). If the diagnostic/evaluation procedure codes are required for additional services, the CHMS provider must request an extension of the benefit limit. CHMS treatment requires prior authorization to determine and verify the patient's need for CHMS services. **Effective March 1, 2000, all CHMS treatment services will require prior authorization.** Two of the CHMS treatment procedure codes, Z1573 and Z1574, are limited to four (4) per State Fiscal Year (July 1 through June 30). Extension of the benefit limit will be provided if medically necessary.

STATE	Arkansas
DATE	1/6/00
DATE	1/25/00
DATE	3/1/00
HCFA 170	99-24

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SUPERSEDES: TN - 99-05